

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Mari cop a	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Oregon B. COUNTY Multnomah
C. CITY OR TOWN Mesa	C. CITY OR TOWN Portland
D. FULL NAME OF HOSPITAL OR INSTITUTION Southside	D. STREET ADDRESS 26 S. E. 71st Ave.,
3. NAME OF DECEASED A. (FIRST) Harry B. (MIDDLE) H. C. (LAST) HINSHAW	4. SEX M. 5. COLOR OR RACE W. 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Hattie Hinshaw	7. DATE OF BIRTH MONTH 8 DAY 29 YEAR 81 8. AGE (IN YEARS LAST BIRTHDAY) 73 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Retired Carpenter
9B. KIND OF BUSINESS OR INDUSTRY U. P. R. R. Oregon	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oregon
11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no
13. SOCIAL SECURITY NO. no	14A. FATHER'S NAME Avery Hinshaw
14B. BIRTHPLACE (STATE OR COUNTRY) Unk.	15A. MOTHER'S MAIDEN NAME Melissa ?
15B. BIRTHPLACE (STATE OR COUNTRY) Unk.	16. INFORMANT'S SIGNATURE Mrs. Hattie Hinshaw
ADDRESS Portland, Ore.	17. DATE OF DEATH (MONTH) January (DAY) 2 (YEAR) 1955
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINK FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Bronchopneumonia DUE TO (B) 20 + 30 Burns free wounds & legs - (28%) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH 3 days 10 days
19A. DATE OF OPERATION 12-24-54	19B. MAJOR FINDINGS OF OPERATION Knocheotomy
20. AUTOPTSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-23, 1954, TO 1-2, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 1-2, 1955, AND THAT DEATH OCCURRED AT 10:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE) Lawrence E. Mullins	22B. ADDRESS Mesa, Arizona
22C. DATE SIGNED 1-3-55	23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Home	23C. (CITY OR TOWN) (COUNTY) (STATE) Mesa, Maricopa Ariz.
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Dec. 23, 1954 8 A.M.	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
23F. HOW DID INJURY OCCUR? Gas stove explosion	24A. CORONER'S SIGNATURE Lawrence E. Mullins
24B. ADDRESS Mesa, Arizona	24C. DATE SIGNED 1-3-55
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE 1-4-55
25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Portland, Oregon
26A. DATE REC. BY LOCAL REG. 1-4-55	26B. REGISTRAR'S SIGNATURE William D. Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE	27B. ADDRESS M. L. GIBBONS MORTUARY MESA, ARIZONA